

Dear Members of the Insurance and Real State Committee of Connecticut General Assembly:

My name is Kennedy Bennett and I am testifying to communicate my strong support for **Connecticut H.B. 6622 - AN ACT CONCERNING PRESCRIPTION DRUG FORMULARIES AND LISTS OF COVERED DRUGS**. This bill would limit the circumstances in which a health carrier may remove a prescription drug from a formulary or list of covered drugs, or move a prescription drug to a different cost tier, during a plan year.

Countless citizens of CT rely on constant and consistent access to their medications. As if living with illness and finding the correct treatment plan was not hard enough, members of our community are forced to deal with insurance bait-and switch. This practice results in stable patients being forced to switch medications or even stop treatment due to unanticipated costs.

Healthcare access is a human right. Access to healthcare should not be a commodity only for the wealthy and privileged who can afford it. It is a human right and no person should be denied or face obstacles in obtaining the healthcare they need due to a mid-year cost switch by their for-profit insurer. Fortunately, as a Yale undergraduate student, I have access to Yale's insurance, which makes it possible to schedule doctor's appointments and receive prescriptions easily in Connecticut. All Connecticut residents should be able to access similar healthcare services, regardless of their education, income, or other socioeconomic factors. According to the **2018 Altarum Survey**, one-fifth of CT resident respondents report it was "difficult" or "extremely difficult" to afford their prescriptions. As a result, cost concerns lead 20% of respondents (or someone in their household) to not fill a prescription or to cut pills in half. Respondents largely support strategies in tackling unfair drug costs, and 93% supported requiring drug companies to provide advance notice and justification of price increases.

Connecticut is already behind the curve. Several states, including the likes of Texas, have passed similar laws eliminating mid-year formulary changes. In Texas, a health insurer may modify a policy's prescription drug coverage only at a policy's renewal. It is incredibly disappointing that Connecticut lags behind its southern counterparts when it comes to progressive, equitable healthcare legislation.

In conclusion, I would like to restate my strong support for H.B. 6622. The citizens of Connecticut deserve better than to live at the whims of insurer dictates. Catching up with the rest of the nation on this issue is the least our state can do and I ask the committee to vote favorably on this important and necessary measure.

Thank you for your time and consideration,
Kennedy